

## DEPARTMENT OF CITIZEN SERVICES

## OFFICE OF CONSUMER AFFAIRS

Stephen D. Hannan, Administrator

## **COMPLAINT FORM**

COMPLAINT NUMBER	DATE
CONSUMER INFORMATION	BUSINESS INFORMATION
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
CITY:STATE ZIP	STATE ZII
PHONE:/HOME	PHONE:
DATE OF CONTRACT OR SERVICE:	DATE COMPLAINT WAS MADE TO BUSINESS:
COMPLAINT:	
WHAT RESOLUTION ARE YOU SEEKING?  UNDER STATE AND COUNTY LAWS, THE I	INFORMATION PROVIDED IN THIS COMPLAINT BECOMES
PUBLIC INFORMATION WHEN THE CA	ASE IS CLOSED AND PLACED IN OUR INACTIVE FILES.
SIGNATURE	DATE